



Managed MaineCare Initiative (MMI) Member Standing Committee

November 19, 2010

Meeting Agenda



- Meeting Introduction (K. Rosingana) 9:30 – 9:35 AM
- Discussion: RFP Model Design 9:35 – 11:30 AM
 - RFP Work Groups (K. Beckendorf)
 - Proposed Model Design Presentation (J. Hardy)
BREAK
- Populations and Services Update (J. Fralich)
- Quality Working Group Update (J. Yoe) 11:30 – 12:00 PM
- Updates and Wrap Up 12:00 – 12:30 PM



RFP Design Work Groups

RFP Design Work Groups



Existing Work Groups

Special Services Work Group

Quality Work Group

Newly Established Work Groups

Operations Work Group

Finance Work Group

Regulatory/Policy Work Group

- Answer operations-related questions for the transition to managed care
- Focus on coordination issues with FFS and state services
- Sample topics include:
 - Pharmacy management
 - Third-party liability coordination
 - Non-emergency transportation coordination

- Develop recommended approach to financial design elements of program
- Sample topics include:
 - Rate approach
 - Risk corridor/risk sharing approach
 - Financial incentive approach

- Track design against state and federal requirements
- Develop required regulatory documentation for program
- Sample topics include:
 - State Plan Amendment
 - Waivers
 - Managed Care Rule



RFP Model Design

Program Considerations



Covered Populations	
Consideration	Recommendation
Will any geographies be excluded (e.g., rural)?	No, the RFP will cover the entire state.
Benefits	
Consideration	Recommendation
Will any state plan benefits be carved out from the contractors?	See Services Matrix for details Pharmacy: While the administration of the pharmacy benefit will not be carved out from the MCOs, the State will maintain a single PDL/formulary for FFS and the MCOs.
Will contractors be allowed to offer additional benefits?	Yes, contractors may choose to offer additional benefits. However, they cannot reduce or eliminate existing benefits.
Does the Department want to encourage the contractors to offer specific “in lieu of” services?	The Department is open to “in lieu of” services.

Operational Model Considerations: General

Consideration	Recommendation
How many contractors will the State select?	The State will select two contractors.
Will the State only contract directly with MCOs and require ACO involvement, or will it contract directly with ACOs?	Provider organizations will be allowed to bid as long as they meet all RFP requirements, including the requirement to have a Maine HMO license.
Will the State deploy a hybrid approach – contracting with both MCOs and ACOs?	The State will create a market where provider organizations and MCOs can partner.
Will the program design vary by geographic area; i.e., for rural versus urban areas?	No, the design will be consistent across the state.

Operational Model Considerations: General



Consideration	Recommendation
How will payment reform principles be incorporated into the model?	The RFP will require MCOs to outline their approach to payment reform, and the State will evaluate this in the scoring. A Year 2 incentive payment will be used to reward MCOs for following through with their proposals.
How will the initiative relate to payment reform/medical home pilots?	The State will include a provision in the RFP that the contractor would be required to participate if Maine signs up for a pilot project (includes pilots beyond PPACA).
What regulatory requirements will bidders need to meet from an insurance/licensure perspective?	An MCO can submit its proposal without a license, but must be working towards obtaining one and have one in place when signing the contract. However, network robustness will be scored in the RFP response evaluation.

Operational Model Considerations: Payments



Consideration	Recommendation
<p>What level of risk will the contractors assume?</p> <ul style="list-style-type: none">• Full risk?• Downside risk?• Upside only?• Depends on the contractor? (MCO versus ACO)	The contractor will assume full risk.
<p>How will adverse selection be addressed?</p> <ul style="list-style-type: none">• Risk adjustment?• Stop loss?• Reinsurance?	A risk adjustment strategy will be employed that combines demography, geography, and member-level acuity.
<p>Will the State define provider reimbursement methodologies or rates?</p> <ul style="list-style-type: none">• Out-of-state provider payment policy (including Reid providers)?• Use of FFS fee schedule?• Use of FFS payment methodology?	MCOs will not be allowed to set reimbursement rates below Medicaid FFS rates. MCOs may have different prior authorization requirements (approved by the State) than FFS requirements. MCOs may have to negotiate rates with out-of-state providers.
<ul style="list-style-type: none">• What financial monitoring standards will be applied?	To be discussed as part of Finance Working Group.

Operational Model Considerations: Enrollment



Consideration	Recommendation
Will eligible members have a choice of contractors? Will they have a choice in rural areas?	Eligible members will have a choice of two contractors across the entire state.
How frequently will members be allowed to change contractors?	Members will have an opportunity to change contractors annually, with an earlier option based on cause. The goal will be to align this requirement with the Health Insurance Exchange.
How will an enrollment broker be used?	Because the State can potentially use the Exchange as an Enrollment Broker in the long-term, the recommendation is to contract an Enrollment Broker for two years, with an option to renew if the Exchange is not operational.

Operational Model Considerations: Enrollment



Consideration	Recommendation
How will members who do not make a contractor selection be auto assigned?	<p>Auto assignment would occur in tiers:</p> <ol style="list-style-type: none">1. Assign to MCO whose network includes the member's current PCP, if available.2. If member is not assigned based on PCP relationship, apply policy algorithm such as plan size, technical RFP score (non-cost), quality scores, etc.3. Migrate to using quality metrics in Year 2 or 3 of the contract. <p>It is possible to change auto assignment annually to achieve business objectives.</p>
Will members be guaranteed provider choice?	This will be a challenge in rural areas. The State will create a standard, but then allow MCOs to create their "best-effort" network.
When will members be able to go out-of-network?	The State will approve MCO out-of-network payment policies. Over time – and with State approval – MCOs will be allowed to develop closed or tiered networks.

Operational Model Considerations:

Quality & Data



Consideration	Recommendation
How will quality incentives/penalties be constructed?	The Department will develop a core set of quality measures for incentives/penalties from the larger universe of measures. Measures may change annually.
What performance standards will be required? How will compliance be enforced?	To be determined by the Quality Working Group.
What reporting and data submission requirements will be required? Will NCQA accreditation be required?	To be determined by the Quality Working Group. NCQA will be required for all MCOs. MCOs without NCQA accreditation will have a grace period to achieve accreditation.

RFP Considerations



Consideration	Recommendation
Will the State contract with a single set of MCOs for all phases of enrollment or reprocure with each phase?	It is the State's intention to have two MCOs for the entire population. However, if an MCO fails its readiness review for either Phase 2 or Phase 3, a new RFP will be released for the new phase(s) in order to replace the failing contractor (s).
How will the RFP be scored? What mix of value will be applied between technical and cost?	If the State accepts the rate-setting proposal below, scoring will be based solely on technical criteria.
Will rates be competitively bid?	Provide bidders with the PMPM price/rate, which will include assumed savings. The State will choose its desired actuarially sound rate range on an annual basis. State may choose to set rate at the low end of the rate range, but allow MCOs to earn bonuses based on criteria such as quality.

RFP Considerations



Consideration	Recommendation
How much data will the State provide during the RFP process?	The State will provide a vendor data book during the RFP process.
If the State allows direct contracting with ACOs, will there be a separate RFP for ACOs?	There will not be a separate RFP for ACOs, but they will be able to bid under the same requirements as MCOs.
What financial monitoring standards will be applied?	To be determined by Finance Working Group.
What performance metrics will be required? What will be the penalty structure?	To be determined by Finance Working Group.

Regulatory and Policy Considerations



Consideration	Recommendation
Will the managed care program be implemented through a State Plan Amendment (SPA), a waiver, or a combination?	Year 1 will be implemented through an SPA. Year 2 may require a waiver. Year 3 will require a waiver.
Are there legal or regulatory barriers to include Behavioral Health (BH), substance abuse (SA), and/or Developmental Disability (DD) services in the program? (e.g., consent decrees, confidentiality laws?)	While Kelly consent decree still exists, others have gone away. Confidentiality for family planning and school-based health clinics must be addressed.
How will the managed care program affect the State's UPL and tax and match programs?	The hospital supplemental payment program will continue outside the MCOs.
What regulatory requirements will bidders need to meet from an insurance perspective?	The Department needs to follow up with the Bureau of Insurance to discuss possible licensure requirements.

Longer-Term Considerations



Consideration	Recommendation
Will the 2014 expansion population be rolled into the program?	Existing Medicaid-eligible parents over 133% of the FPL will be covered through the Exchange. Childless adults under 133% of the FPL will be enrolled in the MCO program (this includes the childless adult population on the waiting list).
Will the State choose to implement a basic health plan option in 2014 and enroll those eligible members into the managed care program?	Under consideration.
Will residents eligible for subsidies in 2014 have access to the MCOs and ACOs?	The Medicaid MCOs will be required to offer an individual and small group product on the Exchange.



Population Approach

Guiding Principles for Populations

- To manage the whole patient
- To reap the financial benefit of managing the continuum of services
- To maintain one system of care for family units



Populations in Managed Care



Mandatory Enrollment

- Parents and Children
 - (except children with special needs)
- People on the non-categorical waiver
- Adults, older adults, and adults with disabilities living in the community
 - (see list of adults excluded until Year 3)

Voluntary Enrollment



- Children with Special Needs
 - Voluntary enrollment in Year 1
 - Mandatory enrollment in year 2
 - Will need to get a Waiver
- People who change from mandatory to voluntary status
 - Ex: children who develop a special need
- People who change from non-dual to dual status

Definition of Children with Special Needs



- Children identified using RAC codes
 - Children who are eligible based on SSI
 - Children who are in state custody, foster care, child protective custody, and adoptive assistance
- Children identified based on service use
 - Children with Serious Emotional Disturbance
 - (§65.06-8 and §65.06-9)
 - Children with Intellectual Disability/Autism Spectrum Disorder (§28)
 - Children with Medical Conditions (§13.03(D); PDN, Levels IV and V)
 - Children in residential settings (Therapeutic Foster Care and who have SED/ID/Autism Spectrum Disorder) (§97 Appendix D)

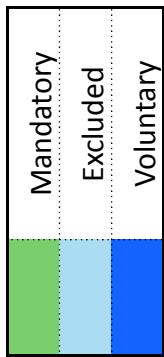
Groups Excluded Until Year 3



- People who are dually eligible (MaineCare and Medicare)
- People on a home and community based waiver (§19, 21, 22, 29 and 32 – if approved)
- People on the HIV/Aids Waiver
- People in nursing homes (more than 90 days)
- People in ICR-MR's
- People in some of the private non-medical institutions (PNMI's Appendix C and F)
 - Appendix C – Residential Care Facilities
 - Appendix F – People with MR/other PNMI's for medical/remedial services (includes people with brain injury)
- People in adult family homes (§2)
- People receiving affordable assisted living services (PDN level IX)
- People receiving private duty nursing – Level V
- People with other health insurance
- Children on Katie Becket
- People who are medically needy/spend-down
- Members of federally recognized tribes

Phased Approach to Populations

The Department is proposing a three-year approach to phase populations into managed care

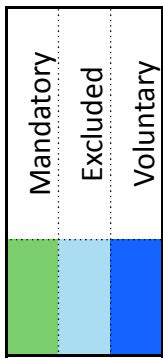


Population Group	Year 1 Year 2 Year 3		
	Dual-eligibles	Mandatory	Excluded Voluntary
People who are dually-eligible			
Parents and Children (including SCHIP; excluding children with special care needs)			
People on the Non-Categorical Waiver			
Blind and Disabled Adults (non-duals/not receiving HCBS waiver or PDN level V or IX)			
Older adults (non-duals/not receiving HCBS waiver or PDN level V or IX)			
People receiving PDN level V			
People receiving home and community based waivers (\$19 and 21, 22 and 29)			
People on the HIV/AIDS waiver			
Children eligible through the Katie Beckett program			
People in NF or ICF-MR			
Adults in Private Non-Medical Institutions (PNMIs)			
Appendix B: Substance Abuse Treatment Facility			
Appendix E: Community Residences for People with Mental Illness			
Appendix F: Residence for People with Mental Illness			
Appendix C: Residential Care Facility			
Appendix F: All Other Community Residences for People with Mental Retardation / Reimbursement for Non-Case Mixed Medical and Remedial Facilities (Includes Brain Injury)			

Phased Approach to Populations (*continued*)



The Department is proposing a three-year approach to phase populations into managed care

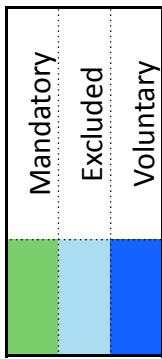


Population Group	Non-Dual-eligibles	Year 1 Year 2 Year 3		
		Year 1	Year 2	Year 3
Adults receiving Private Duty Nursing (PDN) Level IX (Assisted Living)				
People in Adult Family Homes (§ 2)				
People who Spend Down or are Medically Needy				
Children with special care needs				
Children who are eligible based on SSI based on Recipient Aid Category (RAC) code				
Children in state custody, foster care, child protective custody, and adoptive assistance base on RAC code				
Children with Serious Emotional Disturbance. This includes:				
Children who access Children's Assertive Community Treatment (ACT) under §65.06-8				
Children who access Home and Community Base Treatment (HCBT) under §65.06-9				
Children with Intellectual Disability/Autism Spectrum Disorder §28				
Children with medical conditions				
Children receiving Targeted Case Management for chronic medical conditions under §13.03 (D)				
Children receiving Private Duty Nursing Services Levels IV & V under §97				
Children in PNMI under Appendix D of §97. This includes:				
Children who are in Therapeutic Foster Care				
Children who have SED/ID/Autism Spectrum Disorder				

Phased Approach to Populations (*continued*)



The Department is proposing a three-year approach to phase populations into managed care



Population Group	Groups of Special Interest (Covered in Non-Dual Populations Above)		
	Year 1	Year 2	Year 3
Terminal illness (people enrolled in Hospice are voluntary)			
People receiving home and community based state plan services (inc. consumer directed and PDN)			
Adults with Severe and Persistent Mental Illness (SPMI) *			
People with brain injuries who are not in PNMI Appendix F			
People with other health care insurance			
Members of Federally Recognized Tribes			
People who change from mandatory to excluded (e.g. A person who is not on a waiver, but becomes eligible)			
People who change from non-dual to dual status			
People who change from mandatory to voluntary (e.g. Children who develop special needs)			

Notes

*The status of this group (Adults with SPMI) under managed care is under discussion



Services Approach

Phasing of Services into Managed Care



- **Most services** will be managed services (i.e. included in the capitation rate) of the managed care entity in Year 1
- **Some special services** will be fee-for service (carved out of the capitation rate) in Year 1 and managed services in Year 2
- **Most home and community based and long term care services** will be fee for service (carved out of capitation rate) in Years 1 and 2; and managed services in year 3

Services Added to Capitation Rate in Year 2

Special Services

- The following services will be fee for service (carved out of capitation rate) in Year 1 and managed services (included in the capitation rate) in Year 2
 - Rehab and Community Supports for Children (§28)
 - Children's Assertive Treatment Services (§65)
 - Children's Home and Community Based Treatment (§65)
 - PNMI services for People with Mental Illness (§97; Appendix E)
 - Rehabilitation Services (§102)

Services added to Capitation Rate in Year 3



Home and Community Based & Long Term Care Services

- The following services will be fee for service (carved out of the capitation rate) in Years 1 and 2 and managed services (included in the capitation rate) in Year 3
 - Adult Family Care Services (§2)
 - Consumer Directed Attendant Services (§12)
 - Home and Community Based Waiver Services (§19, 21, 22, 29 and 32 – if approved)
 - Day Health (Section 26)
 - MaineCare Hospice Services (§43)
 - ICF-MR Services (§50)
 - Nursing Facility Services -- greater than 90 days (§ 67)
 - Private Duty Nursing Services (§96)
 - Private non-medical services (§f 97 Appendix C and F)

Phased Approach to Services

The Department is proposing an approach to phase services into managed care over 3 years

WIS	Managed Services: Service is included in the capitation rate
FFS	Fee For Service: The services will not be in the capitation rate and OMS will continue to pay the provider on a FFS basis.

§ Service	Year 1			Year 2		Year 3	
	FFS	FFS	MS	MS	MS	MS	MS
§2 Adult Family Care Services							
§3 Ambulatory Care Clinic Services (Includes school-based health clinics)							
§4 Ambulatory Surgical Center Services							
§5 Ambulance Services							
§7 Free-standing Dialysis Services							
§12 Consumer Directed Attendant Services							
§13 Targeted Case Management Services*							
§14 Advanced Practice Registered Nursing Services							
§15 Chiropractic Services							
§17 Community Support Services							
§19 Home and Community-Based Benefits for the Elderly and for Adults with Disabilities							
§21 Home and Community Benefits for Members with Mental Retardation or Autistic Disorder							
§22 Home and Community Benefits for the Physically Disabled							
§23 Developmental and Behavioral Clinic Services							
§25 Dental Services							
§26 Day Health Services							
§28 Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations							
§29 Community Support Benefits for Members with Mental Retardation and Autistic Disorder							
§30 Family Planning Agency Services							
§31 Federally Qualified Health Center Services							

Notes: * Treatment of targeted case management will be reviewed for each service to identify operational and other considerations

Phased Approach to Services (*continued*)

The Department is proposing an approach to phase services into managed care over 3 years

WIS	Managed Services: Service is included in the capitation rate
FFS	Fee For Service: The services will not be in the capitation rate and OMS will continue to pay the provider on a FFS basis.

Service	Year 1			Year 2			Year 3		
	Children with Intellectual Disabilities and Pervasive Developmental Disabilities and Autism Spectrum								
§32 Disorder**	FFS			FFS			FFS		MS
§35 Hearing Aids and Services		MS		MS			MS		MS
§40 Home Health Services		MS		MS			MS		MS
§41 Day Treatment Services***		FFS		FFS			FFS		MS
§43 Hospice Services		FFS		FFS			FFS		MS
§45 Hospital Services			MS	MS			MS		MS
§46 Psychiatric Hospital Services			MS	MS			MS		MS
§50 ICF-MR Services		FFS		FFS			FFS		MS
§55 Laboratory Services		MS		MS			MS		MS
§60 Medical Supplies and Durable Medical Equipment		MS		MS			MS		MS
§65 Outpatient Services (mental health and substance abuse treatment)		MS		MS			MS		MS
§65 Medication Management		MS		MS			MS		MS
§65 Neurobehavioral Status Exam and Psychological Testing		MS		MS			MS		MS
§65 Crisis Resolution Services		MS		MS			MS		MS
§65 Crisis Residential Services (except adults with DD)		MS		MS			MS		MS
§65 Family Psychoeducational Treatment		MS		MS			MS		MS
§65 Intensive Outpatient Services (substance abuse treatment)		MS		MS			MS		MS
§65 Opioid Treatment (substance abuse treatment)		MS		MS			MS		MS
§65 Children's Assertive Community Treatment		FFS		FFS			FFS		MS
§65 Children's Home and Community Based Treatment		FFS		FFS			FFS		MS

Notes: ** If waiver is approved

***§41 was repealed and all services are now in §65 (listed here for actuarial purposes)

Phased Approach to Services (*continued*)

The Department is proposing an approach to phase services into managed care over 3 years

WIS	Managed Services: Service is included in the capitation rate
FFS	Fee For Service: The services will not be in the capitation rate and OMS will continue to pay the provider on a FFS basis.

§ Service	Year 1			Year 2		Year 3	
	MS	MS	FFS	MS	MS	MS	MS
§67 Nursing Facility Services (Short-stay--30 days)							
§67 Nursing Facility Services (long-term services)							
§68 Occupational Therapy Services							
§75 Vision Services							
§80 Pharmacy Services							
§85 Physical Therapy Services							
§90 Physician Services							
Prevention, Health Promotion, and Optional Treatment Services (Includes both periodic screening, etc. for general child population & specialized services for children with special health care needs)							
§94 general child population & specialized services for children with special health care needs							
§95 Podiatric Services							
§96 Private Duty Nursing and Personal Care Services							
§97 PNMI Appendix B: Substance Abuse Treatment Facility							
§97 PNMI Appendix C: Residential Care Facility							
§97 PNMI Appendix D: Residential Child Care Facility (if child voluntarily enrolls)							
§97 PNMI Appendix E: Community Residences for People with Mental Illness							
PNMI Appendix F: Community Residences for People with Mental Retardation / Reimbursement for Non-Case Mixed Medical and Remedial Facilities (Includes Brain Injury)							
§101 Medical Imaging Services							
§102 Rehabilitative Services							
§103 Rural Health Clinic Services							
§109 Speech and Hearing Services							
§113 Transportation Services							





Quality Work Group Update

Major Tasks

- Quality Domains
- Quality Standards
- Quality Measures
- State Oversight Responsibilities
- External Quality Review Responsibilities



Domains of Quality Standards

(Based on CMS Quality Strategy)

ACCESS:

- Availability of services
- Network adequacy
- Coordination and continuity of care
- Authorization of service



Domains of Quality Standards

STRUCTURE AND OPERATIONS:

- Provider selection
- Enrollee information
- Confidentiality
- Enrollment and disenrollment
- Grievance system
- Sub-contractual relationships and delegation



Domains of Quality Standards



MEASUREMENT AND IMPROVEMENT:

- Practice guidelines
- Quality assessment and improvement program
- Health information system



Updates & Wrap Up

Stakeholder Input Follow-Up

- The MaineCare team has been tracking input from stakeholders and is actively responding
- Following today's meeting, a document will be shared with stakeholders describing how each issue has been addressed
- To continue the discussion on these issues and increase stakeholder communication with each other and the team, we have created an on-line discussion board.

Log-in at: www.deloitteonline.com

The screenshot shows the Deloitte OnLine login interface. At the top, there are links for "Need Help?", "How do I get ac...", "Need help logi...", and "How can I get it?". Below that is a "Contact us via" section with times for Sunday through Friday. Further down, there's a "Deloitte Online" logo with the tagline "Collaborate. Share. Know." A photograph of several flags flying against a blue sky is displayed. To the right, there's a "News and updates" section with a link to "Required maintenance: 10/11 November". At the bottom, there are fields for "User name" (with placeholder text "User name"), "Password" (with placeholder text "Password"), and "Forgot your password?". There's also a link for "Need to change your password?" and a "Log in" button.



Commenting on the Discussion Board



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Jeff Andrew Burke, Welcome to Deloitte OnLine

- Start a new topic
- Comment on a previous topic

This is just a reminder to mark your calendars for the next Members Standing Committee meeting. It will take place on Friday, November 19th from 9:30 a.m. to 12:30 p.m. at MaineCare Services, 442 Civic Center Drive.

39



Appendix

First time access – log in

To log in:

- Click the room link in your invitation or type the room URL into your Web browser.

Alternatively, you can use
www.deloitteonline.com

- When the *Deloitte OnLine login* page displays in your browser, type your user name and temporary password; then click Log in.



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News and updates
Deloitte Online upgrade
Changes to Deloitte Online
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2. Username (your e-mail address)
3. Temporary Password
 - Your temporary password is randomly generated.
 - You will be asked to change it upon first login.

It is recommended that you save these three e-mail messages for future reference.

First time access – 4 items to address



The first time you log in, Deloitte OnLine will prompt you to address four areas:

1. Change password
2. Legal agreement
3. Software options
4. Secret questions

Each of these areas will be discussed in the next few slides.

First time access – 1. Change password

You will be required to change the temporary password to your own, strong password

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Tom Jones, Welcome to Deloitte OnLine

Submit

Change Temporary Password

Prior to initially accessing Deloitte OnLine, you must change your temporary password.

Please see the Password Tips below when selecting a new password.
Fields in **Bold** are required.

User Name	<input type="text" value="sethvilenksy@hotmail.com"/>
Old Password	<input type="password"/>
New Password	<input type="password"/>
New Password Confirmation	<input type="password"/>

Password Tips:
For optimal password security, please note the following instructions:

- A strong password meets the following criteria:
 - Is least 8 characters in length
 - Includes at least three of the following:
 - UPPER CASE
 - lower case
 - numbers (1,2,3,56,78)
 - special characters (&, #, %, ^)

Note: passwords expire every 90 days.

First time access – 2. Legal agreement

- You will be required to accept the legal agreement prior to using Deloitte OnLine.
- The legal agreement will not appear again after you accept it, but you can read it at any time by clicking the link in the banner.

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(ii) To provide User with confidential, proprietary and other information belonging to us and to third parties; and/or
(iii) Where Employer is our client and we have agreed pursuant to an engagement letter(s) to provide services to Employer (the "Engagement Letter(s); to facilitate our performance of services for or delivery to or receipt from Employer of deliverables (the "Engagement Deliverables"; such Engagement Letter(s);
(clauses (i) through (iii), collectively, the "Purpose"); and





First time access – 3. Secret questions

- Secret questions are used to verify your identity if you forget your password and/or need to contact Deloitte Online technical support.
- You will be prompted to invent three questions and provide answers to these questions.
- Be sure to make your answer to each question very simple. You must recall the **exact** answer to each of the questions to verify your identity.

Answer

<input type="text"/>	Grace
<input type="text"/>	Chicago
<input type="text"/>	North Western

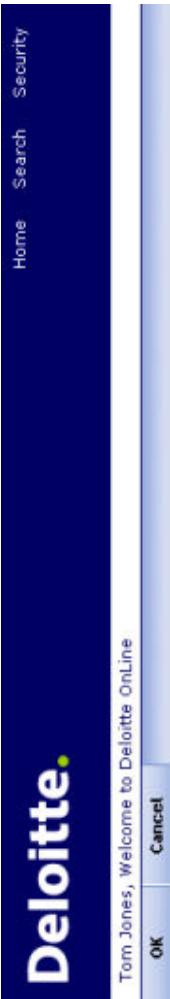
Secret Question

1. mom's name
2. place of birth
3. college

First time access – 4. Software options

Software Options page

- Select your time zone.
- Select the “just the web browser” feature.



Software Options

You can work with eRoom using just your web browser, or you can use the eRoom plug-in software, which gives you drop and automatic file handling. Which method do you want to use?

- Just the web browser
 eRoom plug-in software

Is this your time zone? If not, please pick the right one.

(GMT) Greenwich Mean Time : Dublin, Edinburgh, Lisbon, London

Login page



You have already become familiar with the *login* page and what happens when you first access Deloitte OnLine.

However, the *login* page is also where you will find helpful information if you:

- Forget your password
- Need to change your password
- Need to contact Deloitte OnLine technical support

Login page – forgot your password

If you forgot your password:

- Go to the login page.
- Type your user name.
- Click Forgot your password under the password field.
- Answer the secret questions that appears to verify your identity. Note: The answers must be entered exactly (see: “secret questions” slide).
- A new password will be e-mailed to you.



Welcome to Deloitte OnLine
Collaborate. Share. Know.

Deloitte Online is a client-focused website aimed at enhancing your communication and collaboration with the people of Deloitte. Designed to increase your visibility into how we can best solve your business challenges, Deloitte Online enriches the interaction between your team and ours.

To access Deloitte Online, log in below with your User name and password. If you need an account or would like more information about how Deloitte Online can start to work for you, contact your Deloitte client service team.

Fields in Bold are required.

Contact us via telephone
22:00 CEST Sunday -
24:00 CEST Friday
(2:00pm US Eastern Friday)
From all regions
+ 1-718-534-1250 or
+ 44-20-136-1452
From United States and Canada
Toll Free + 1-866-546-3388

Contact us via email
dtresponsecenter@deloitte.com

Forgot your password?
 Need to change your password?
 Log in

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Login page – change your password

To change your password:

- Go to the *login* page.
- Type your user name.
- Click Need to change your password? Under the password field
- The wizard will ask you to:
 1. Type your old password.
 2. Type your new password twice.

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Need Help?
How do I get access?
Need help logging in?
How can I get the latest plugin?

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